

UT-250011

Received
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Jan 21, 2025



Skyline Telecom, Inc.

PO Box 609
Mount Vernon, OR 97865-0609
1-844-RALLYNET

January 17, 2025

Mr. Jeff Killip, Executive Director and Secretary
Washington Utilities and Transportation Commission
621 Woodland Square Loop SE
Lacey, WA 98503

RE: Docket UT-250011

Dear Mr. Killip,

Please see the attached filing for Skyline Telecom Inc. regarding Docket No. UT-250011, FCC Form 555 – Annual Lifeline Telecommunications Carrier Certification Form. This has been filed with the Universal Service Administration Company (USAC) and the Federal Communications Commission (FCC).

FCC Lifeline Rule 47 C.F.R. § 54.416(b) requires a copy of the annual certification be filed with the FCC, USAC and state commission.

Sincerely,



Jeremy Parrucci
Rally Networks
Regulatory Affairs Manager
573-835-4056

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

520581 _____	143031039 _____	
Study Area Code (SAC)	Service Provider Identification Number (SPIN)	
<i>(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC that provides Lifeline service).</i>		
2024 _____	WA _____	SKYLINE TELECOM INC _____
Recertification Year	State	ETC Name
DBA, Marketing, or Other Branding Name <small><i>(If same as ETC name, list "N/A" Do not leave blank)</i></small>		Holding Company Name <small><i>(If same as ETC name, list "N/A" Do not leave blank)</i></small>

Does the reporting company have affiliated ETCs? Yes No _____

Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.

Affiliated ETC's SAC	Affiliated ETC's Name
532388	North-State Telephone Co

Initial Certification *All ETCs must complete this section.*

I certify that the company listed above:

- Has policies and procedures in place to ensure that its Lifeline subscribers are eligible to receive Lifeline services; and
- Is in compliance with all federal Lifeline certification procedures; and
- Is in compliance with the minimum service levels set forth in 47 C.F.R. § 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial DAK

Annual Recertification Results

Report the results of recertification efforts for the current calendar year.

Do not leave blocks empty. If the National Verifier is responsible for conducting recertification, enter zero for blocks A - F. If the state Lifeline Administrator is responsible for conducting recertification, report the results for each block.

A. Subscribers eligible for recertification within current calendar year	
B. Subscribers de-enrolled prior to recertification attempts	
C. Total number of subscribers required to be recertified (A-B)	
D. Subscribers successfully recertified	
E. Subscribers de-enrolled for failed recertification	
F. Percentage de-enrolled for failed recertification (E/C)	

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying upon notice of eligibility from: state Lifeline administrator National Verifier

I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial DAK

No Subscribers Certification *Complete this section if ETC claimed no Lifeline subscribers.*

I certify that my company did not claim federal low income support for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed on this form

Initial _____

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements? Yes ___ No **X**

If yes, record the number of subscribers de-enrolled for non-usage by month in Block H below.

G	H
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Signature Block

<p>By signing below, I certify that the information provided is true and accurate. I am an officer of the company named above. I am authorized to make this certification for this SAC.</p>	
<p>Signed,</p>	
<p>Delinda Kluser</p> <hr style="border: 0.5px solid black;"/> <p>Signature of Officer</p> <p>deedeek@rallynet.us</p> <hr style="border: 0.5px solid black;"/> <p>Email Address of Officer</p> <p>Teena Thomas</p> <hr style="border: 0.5px solid black;"/> <p>Person Completing This Certification Form</p>	<p>Delinda Kluser - Vice Pres Special Project Accounting</p> <hr style="border: 0.5px solid black;"/> <p>Printed Name and Title of Officer</p> <p>01-16-2025</p> <hr style="border: 0.5px solid black;"/> <p>Date</p> <p>5419324411</p> <hr style="border: 0.5px solid black;"/> <p>Contact Phone Number</p>